

# CONTRACTOR TERMINATION CHECKLIST

EXHIBIT "6"

Name: (1)		SSN: (2)	
Badge No: (3)		Dosimeter Badge No: (4)	
Termination Date: (5)		Company Name: (6)	
Signature	Date	Phone Ext.	Activity
(7)			Locker check-out.
(8)			Return boots to Laundry.
(9)			Medical Termination History Form.
(10)			Leave exit urine sample.
(11)			Turn in dosimeter.
(12)			Request for Final Dosimeter Reading.
(13)			Date of exit INVIVO (if Rad. II trained).
(14)			Turn in radio.
FORWARDING ADDRESS: (Preferably residence for urinalysis results and final dosimetry reading. (15)			
STREET ADDRESS		AREA CODE	PHONE NUMBER
CITY	STATE	ZIP	
Contractor: Manager/Supervisor:		Date:	
(16)			
BRING THIS FORM TO ACCESS ADMINISTRATION BUILDING B28B/111			
SIGNATURE	DATE	PHONE EXT.	ACTIVITY
(17)			Turn in permanent badge.
(18)			Turn in parking decal/sticker vehicle pass/other
REMARKS: (19)			

## INSTRUCTIONS FOR COMPLETING THE CONTRACTOR TERMINATION CHECKLIST:

### Contractor

1. Enter name.
2. Enter Social Security Number.
3. Enter badge number.
4. Enter dosimeter badge number.
5. Enter termination date.
6. Enter company name.

### Remediation Support Operations

- 7 & 8. Enter signature, date and phone extension when item is complete.

### Safety and Health - Medical

- 9 & 10. Enter signature, date and phone extension when item is complete.

### Safety and Health - Dosimetry

- 11&12 Enter signature, date and phone extension when item is complete.
13. Enter signature, date and phone extension and date of EXIT INVIVO.

### Construction Contracts Manager

14. Enter signature, date, and phone extension when item is complete.

### Contractor

15. Enter a forwarding address for the employee.
16. Sign and date when all items have been completed.

### Administration - Access

- 17&18 Enter signature, date and phone extension when item is complete.
19. Enter any remarks pertinent to check-out activities.